

#### 310-AA TOTAL PARENTERAL NUTRITION (TPN)

REVISION DATES: 10/01/06

INITIAL

EFFECTIVE DATE: 11/01/2003

**Description.** TPN is the provision of total caloric needs by intravenous route for individuals with severe pathology of the alimentary tract which does not allow absorption of sufficient nutrients to maintain weight and strength appropriate for the individual's general condition. Nutrients are provided through an indwelling catheter.

<u>Amount, Duration and Scope</u>. AHCCCS follows Medicare guidelines for the provision of TPN services. TPN is covered for members over age 21 when it is medically necessary and the only method to maintain adequate weight and strength.

AHCCCS covers TPN for members receiving Early and Periodic Screening, Diagnosis and Treatment and KidsCare members when medically necessary and not necessarily the sole source of nutrition. Refer to Chapter 400 for complete information.

Refer to Chapter 800 for prior authorization requirements for FFS providers.



Policy 310

COVERED SERVICES

#### 310-BB TRANSPORTATION

REVISION DATES: 10/01/08, 11/01/04, 10/01/01, 10/01/99, 02/18/98

INITIAL

EFFECTIVE DATE: 10/01/1994

AHCCCS covers transportation within certain limitations for all members based on member age and eligibility, as specified in the Arizona Administrative Code (A.A.C.) R9-22-211. Covered transportation services include:

- 1. Emergency transportation
- 2. Medically necessary transportation (non-emergency), and
- 3. Medically necessary maternal and newborn transportation.

The definitions relating to covered transportation services are as follows:

<u>Air ambulance</u> - Helicopter or fixed wing aircraft licensed under Arizona Department of Health Services (ADHS) as mandated by Arizona Revised Statutes to be used in the event of an emergency to transport members or to obtain services.

<u>Ambulance</u> - Motor vehicle licensed by ADHS pursuant to Arizona Revised Statutes especially designed or constructed, equipped and intended to be used, maintained and operated for the transportation of persons requiring ambulance services.

#### Description.

<u>Emergency Transportation</u> - Emergency ground and air ambulance services required to manage an emergency medical condition of an AHCCCS member at an emergency scene and transport to the nearest appropriate facility are covered for all members. Emergency transportation is needed due to a sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could be expected to result in:

- 1. Placing the member's health in serious jeopardy
- 2. Serious impairment of bodily functions; or



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3. Serious dysfunction of any bodily organ or part.

Emergency transportation may be initiated by an emergency response system call "9-1-1", fire, police, or other locally established system for medical emergency calls. Initiation of a designated emergency response system call by an AHCCCS member automatically dispatches emergency ambulance and EMT or Paramedic team services from the Fire Department. At the time of the call, emergency teams are required to respond; however, when they arrive on the scene, the services required at that time (based on field evaluation by the emergency team) may be determined to be:

- 1. Emergent
- 2. Nonemergent, but medically necessary, or
- 3. Not medically necessary.

<u>Medically Necessary Transportation</u> - AHCCCS covers medically necessary transportation as specified in A.A.C. R9-22-211.

<u>Maternal and Newborn Transportation</u> - The maternal transport program (MTP) and the newborn intensive care program (NICP) administered by the ADHS provides special training and education to designated staff in the care of maternity and newborn emergencies during transport to a perinatal center. The high risk transport team is dispatched after consultation with the MTP or NICP perinatologist or neonatologist. Only MTP or NICP Contractors may provide air transport.

Amount, Duration and Scope. Emergency transportation coverage is limited to those emergencies in which specially staffed and equipped ambulance transportation is required to safely manage the member's medical condition. Basic Life Support, Advanced Life Support, and air ambulance services are covered, depending upon the member's medical needs.



### MEDICAL POLICY FOR AHCCCS COVERED SERVICES

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Emergency medical transportation includes the transportation of a member to a higher level of care for immediate medically necessary treatment, even after stabilization at an emergency facility. Emergency medical transportation is covered only to the nearest appropriate facility. The nearest appropriate facility for an AHCCCS fee-for-service (FFS) member is the nearest hospital medically equipped to provide definitive medical care. Contractor may establish preferred hospital arrangements, which must be communicated with emergency services providers. If the provider transports the member to the Contractor preferred hospital, the provider's claim must be honored even though that hospital may not be the nearest appropriate facility. However, the provider must not be penalized for taking the member to the nearest appropriate facility whether or not it is the Contractor preferred facility.

Acute conditions requiring emergency transportation to obtain immediate treatment include, but are not limited to the following:

- 1. Untreated fracture or suspected fracture of spine or long bones
- 2. Severe head injury or coma
- 3. Serious abdominal or chest injury
- 4. Severe hemorrhage
- 5. Serious complications of pregnancy
- 6. Shock, heart attack or suspected heart attack, stroke or unconsciousness
- 7. Uncontrolled seizures, and
- 8. Condition warranting use of restraints to safely transport to medical care.

For utilization review, the test for appropriateness of the request for emergency services is whether a prudent layperson, if in a similar situation, would have requested such services. (See Chapter 100 for the definition of prudent layperson.) Determination of whether a transport is an emergency is based on the member's medical condition at the time of transport.

Refer to the section of this policy regarding medically necessary transportation furnished by an ambulance provider for information related to transportation initiated by an emergency response system call.



Air ambulance services are covered under the following conditions:

- 1. The point of pickup is inaccessible by ground ambulance
- 2. Great distances or other obstacles are involved in getting the member to the nearest hospital with appropriate facilities; or
- 3. The medical condition of the member requires ambulance service and ground ambulance services will not suffice.

Air ambulance vehicles must meet ADHS licensing requirements and requirements set forth by the Federal Aviation Administration. Air ambulance companies must be licensed by the ADHS and be registered as a provider with AHCCCS.

<u>Medically Necessary Transportation Furnished by Non-Emergency Transportation</u> Providers:

Non-emergency medically necessary transportation is transportation, as specified in A.A.C. R9-22-211, and furnished by providers included therein, to transport the member to and from a required medical service. Such services may also be provided by emergency transportation providers after assessment by the EMT or Paramedic team that the member's condition requires medically necessary transportation.

#### Medically Necessary Transportation Furnished by Ambulance Providers:

Round-trip air or ground transportation services may be covered if an inpatient member goes to another facility to obtain necessary specialized diagnostic and/or therapeutic services (such as a CT scan or cobalt therapy). Such transportation may be covered if the following requirements are met:

- 1. Member's condition is such that the use of any other method of transportation is contraindicated
- 2. Services are not available in the hospital in which the member is an inpatient
- 3. Member returns to the point of origin, and
- 4. Hospital furnishing the services is the nearest one with such facilities, or the one specified by the member's Contractor.



Transportation services to the nearest medical facility that can render appropriate services are also covered, except as provided below, if the transport was initiated through an emergency response system call and, upon examination by emergency medical personnel, the patient's condition is determined to be non-emergent but one which requires medically necessary transportation. These services are covered by AHCCCS and do not require prior authorization (PA).

<u>Maternal and Newborn Transportation</u> - AHCCCS covers emergency transports of newborns to a level II or level III perinatal center from a lower level of care when a need for the higher level of care is determined to be immediate and medically necessary.

Transportation to a level II or level III perinatal center for diagnostic or elective services and back transports to the same or a lower level of care are not emergencies. Such medically necessary transports are subject to PA requirements of AHCCCS Division of Fee-for-Service Management (DFSM) or the Contractor.

## <u>Transportation Services Provided for AHCCCS Native American Members Who Are Enrolled with Indian Health Service (IHS).</u>

<u>Emergency Transportation Services</u>: In addition to other requirements specified in this policy, emergency transportation providers rendering services on an Indian Reservation must meet the following requirements:

- 1. Tribal emergency transportation providers must be certified by the Tribe and CMS as a qualified provider and registered as an AHCCCS provider
- 2. If non-tribal emergency transportation providers render services under a contract with a Tribe either on-reservation or to and from an off-reservation location the provider must be State licensed and certified, and registered as an AHCCCS provider, or
- 3. Non-tribal transportation providers not under contract with a Tribe must meet requirements specified in this policy for emergency transport providers.

As with all emergency transportation, services are covered to manage an emergency medical condition at the emergency scene and in transport to the nearest appropriate facility.



# Non-Emergency Medically Necessary Transportation Services to Obtain AHCCCS Covered Medical Services

- 1. For AHCCCS Native American members who reside either on-reservation or off-reservation and are enrolled with IHS (Contractor ID number 999998), transportation services are covered on a FFS basis (or if available, through 100% pass-through of Federal funds) under the following conditions:
  - a. The medical service for which the transportation is needed is ordered by a licensed physician or other licensed practitioner and is a covered AHCCCS service
  - b. The request for transportation services is prior authorized through the AHCCCS/DFSM/PA Unit when mileage is greater than 100 miles
  - c. The member is not able to provide, secure or pay for their own transportation, and free transportation is not available; and
  - d. The transportation is provided to and from either of the following locations:
    - (1) The nearest appropriate IHS medical facility located either on-reservation or off-reservation (facilities that are located out-of-state are subject to AHCCCS rules regarding reimbursement for out-of-state services), or
    - (2) The nearest appropriate AHCCCS registered provider located off-reservation.

For Native American members residing off-reservation who are enrolled with a Contractor, all non-emergency medically necessary transportation is coordinated, authorized and provided through the Contractor.

### CHAPTER 300 MEDICAL POLICY FOR AHCCCS COVERED SERVICES



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Non-Emergency Medically Necessary Transportation Services to Obtain AHCCCS Covered Behavioral Health Services

Members who are enrolled with IHS and live either on-reservation or off-reservation, and are receiving behavioral health services as specified in this Chapter under Policy 310, Behavioral Health Services, may receive non-emergency medically necessary on-reservation transportation services as follows:

- 1. Non-emergency medically necessary transportation may be provided as outlined above (#1 of the Section addressing transportation to obtain medical services) on a FFS basis (or, if available, through 100% pass-through of Federal funds) for the following members:
  - a. An IHS enrolled member, residing either on-reservation or off-reservation who is receiving behavioral health services but is not enrolled with an ADHS designated Regional Behavioral Health Authority (RBHA).
  - b. An IHS enrolled member who lives on-reservation but is a member of a tribe that is not designated as a Tribal Behavioral Health Authority (TRBHA) through an agreement with the ADHS, and who receives services at an IHS facility or through an off-reservation provider; or
- 2. If the member is enrolled with, and receiving behavioral health services through, a RBHA or TRBHA, non-emergency medically necessary on-reservation transportation is coordinated, authorized and provided by the RBHA or TRBHA with reimbursement through ADHS.





Non-Emergency Medically Necessary Transportation Services to Obtain Arizona Long Term Care System Covered Services

All non-emergency medically necessary transportation for ALTCS FFS program members considered to be residing on an Indian reservation are covered and reimbursed through the AHCCCS Administration when authorized by the member's case manager.

Native American ALTCS members considered to be residing off-reservation are enrolled with an ALTCS Contractor and all non-emergency medically necessary transportation is coordinated, authorized and provided through the Contractor.

Refer to Chapter 1600 of this Manual for additional information regarding case management authorization requirements.

Refer to Chapter 800 for complete information regarding prior authorization for FFS members.

Refer to the AHCCCS FFS Provider Manual or the AHCCCS Billing Manual for IHS/Tribal providers for billing information. These manuals are available on the AHCCCS Web site at www.azahcccs.gov.



#### 310-CC TRIAGE/SCREENING AND EVALUATION OF EMERGENCY MEDICAL CONDITIONS

REVISION DATES: 10/01/06, 10/01/03, 10/01/01

INITIAL

EFFECTIVE DATE: 10/01/1995

**Description.** Covered services for managed care and FFS members not in the FESP (refer to Chapter 1100 for all requirements regarding the FESP), when provided by acute care hospitals, IHS facilities and urgent care centers to determine whether or not an emergency exists, assess the severity of the member's medical condition and determine what services are necessary to alleviate or stabilize the emergent condition.

**Amount, Duration, and Scope**. Triage/screening services must be reasonable, cost effective and meet the criteria for severity of illness and intensity of service.

Refer to Chapter 800 for PA and utilization review requirements for FFS members.

Refer to Chapter 1100 for information and requirements regarding the FES Program.